



Division of Electronic Products Hospital General Information Form

Section I: Facility & Contact Information

Facility Name: _____ Registration#: _____

Street Address: _____

Mailing Address: _____

Inspection Contact: _____ Title: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Administrative Contact: _____ Title: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Billing Contact: _____ Title: _____

Billing Address: _____

Phone: _____ Fax: _____ Email: _____

RSO: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Section II: Vendors

Installation Vendor(s): _____

Servicing Vendor(s): _____

Annual Equipment Performance Testing Vendor(s): _____

Mobile Service Vendor(s): _____

Contact Person: _____ Phone: _____

Equipment Leased > 30 days? ☐ Yes ☐ No

If yes, list to include locations: _____

Section III: Personnel Monitoring

Company Name: _____

Total # of Operators (Include Physicians): _____ Total # Monitored: _____

Total # of Area Monitors: _____ Locations: _____

ALARA Limits: _____

Area Monitored (Badge Series)	Person Responsible for Collecting Badges	Frequency (e.g. monthly, quarterly)	Area Supervisor
Radiology			
OR			
Cath Lab			
Emergency			
Pain Management			
Other			

Please return the completed form with the requested information below to the attention of _____ at the Bureau of Radiological Health, 2600 Bull Street, Columbia, SC 29201, fax it to (803) 545-4412, or email it to _____@dhec.sc.gov.

Section IV: Requested Documentation

Please submit the following prior to _____ for review:

- Complete equipment inventory to include model number, serial number, shielding log number, date of last equipment performance test, location and status of each control. Please identify any new equipment, controls, or generators since the last Departmental inspection on _____.
- Complete list of operators (with SCRQSA#) to include physicians. (Please separate by department)
- Copy of the two most recent personnel monitoring reports AND the last report from the previous year. Also, provide the last METER (or multiple facility user) report from the previous year, if applicable.
- Copy of the last two Radiation Safety Committee Meeting minutes.
- The most recent equipment performance testing for all units to include corrective action.
- Copy of the policy for repeat analysis AND personnel monitoring to include the ALARA limits.

The following will be reviewed during the inspection:

- Personnel monitoring reports covering the last year.
- X-ray logs, fluoro logs, patient holding logs, and diagnostic x-ray misadministration logs.
- Manuals for any digital imaging acquisition systems that your facility may be using.

**Additional documentation may be requested during the inspection.*

I certify that I have read and understand the requirements of Regulation No. R61-64, Title B, X-Rays. I understand that Regulation No. R61-64, Section 1.12.2, states it is a violation to make a material false statement to the Department regarding information contained in the application of registration, information pertaining to an inspection, or any information required by any provision of these regulations. I also understand making a material false statement to the Department could result in an enforcement action and fines. I certify by my signature that the information contained in this form is accurate and factual.

Signature

Date

Division of Electronic Products Hospital General Information Form DHEC 2392

PURPOSE

This form is used to gather information prior to an onsite hospital inspection. Representatives of the hospital will complete this form.

ITEM-BY-ITEM INSTRUCTIONS:

Section I: Facility & Contact Information

Facility Name- This refers to the official name of the registrant (hospital name).

Registration Number- Give the unique registration # issued by this Department.

Street Address- Give the address where the company is physically located.

Mailing Address- Give the mailing address if different from the physical address.

Inspection Contact/Title- Give the name and official title of the person to be contacted to coordinate inspection details.

Mailing Address- Give the mailing address of the listed inspection contact person.

Phone/Fax/Email- Give the telephone#, fax#, and email address of the listed inspection contact person.

Administrative Contact/Title- Give the name and official title for the most responsible person of the hospital (i.e. CEO, VP of Operations, etc).

Mailing Address- Give the mailing address of the Administrative Contact.

Phone/Fax/Email- Give the telephone#, fax#, and email address of the listed Administrative Contact.

Billing Contact/Title- Give the name and official title of the person responsible for paying invoices.

Billing Address- Give the address where invoices shall be sent.

Phone/Fax/Email- Give the telephone#, fax#, and email address of the listed Billing Contact.

RSO- Give the name and official title of the Radiation Safety Officer (i.e., radiologist, Chief of Surgery, etc).

Phone/Fax/Email- Give the telephone#, fax#, and email address of the Radiation Safety Officer.

Section II: Vendors

Installation Vendor(s)- List all companies that have installed radiation-emitting equipment.

Servicing Vendor(s)- List all companies that have serviced any radiation-emitting equipment located at the registered facility.

Annual Equipment Performance Testing Vendor(s)- List the company(s) or person(s) that completed the required equipment performance test.

Mobile Service Vendor(s)- List all mobile companies that provide service for you (i.e. Cath, PET/CT, CT, Interventional Radiology, Lithotripsy, etc).

Contact Person- List a contact person for the mobile service company.

Phone- Give the phone number for the mobile service contact person.

Equipment Leased>30 days? - Answer yes if your facility has leased equipment.

If yes, list to include location- if applicable, list all leased equipment and give the location.

Section III: Personnel Monitoring

Company Name- List the personnel-monitoring provider.

Total # of Operators- Number of x-ray operators, include physicians that operate the equipment.

Total # Monitored- Give the total number of persons issued a personnel monitoring device. (Include nurses, surgery techs, anesthesia, etc)

Total # of Area Monitors- Self-explanatory.

Locations- Self-explanatory.

ALARA Limits- Give the Level I, II, and III ALARA limits set by your facility.

Chart- List the person responsible for collecting personnel monitoring devices for each area badged; list the monitoring frequency of each area badged; list the supervisor for each area badged.

Departmental staff will complete statement.

Section IV: Requested Documentation

Blank #1 and #2- Departmental staff will complete these areas.

Signature- Have a person responsible for the radiation program and for submitting the requested information sign here (i.e. radiology director, RSO, etc).

Date- Self-explanatory.

OFFICE MECHANICS AND FILING

When forms and supporting documentation are received, stamp each copy with the current date. The completed form will become a part of the file maintained for the registrant by this Department. This form will be purged from said file once ten years have passed.